

Application for Admission

Student Information Part I			
Name:		Has the student previously applied to Balboa Academy? Yes No	
Date of birth:	Applying to Grade:	Expected Start Date:	
Nationality(ies):			
Male	Female	(Please circle)	Primary Language:
		Other Languages:	
Why do you want your child to attend Balboa Academy?			
School Information			
Current School Name:		Country:	Grades completed:
Dates attended:		Language of Instruction:	
School Calendar:	March-December	August-June	Other: _____ (Please circle)
Email address to send Recommendation Forms:			
School Name:		Country:	Grades completed:
Dates attended:		Language of Instruction:	
School Calendar:	March-December	August-June	Other: _____ (Please circle)
School Name:		Country:	Grades completed:
Dates attended:		Language of Instruction:	
School Calendar:	March-December	August-June	Other: _____ (Please circle)
School Name:		Country:	Grades completed:
Dates attended:		Language of Instruction:	
School Calendar:	March-December	August-June	Other: _____ (Please circle)

Guardian #1 Information			
Name:			
Local address (if available):		Relationship to Student:	
Local Phone:		Email:	
Employer in Panama:		Occupation:	
Employer Address:		Employer Phone:	
Guardian #2 Information			
Name:			
Local address (if available):		Relationship to Student:	
Local Phone:		Email:	
Employer in Panama:		Occupation:	
Employer Address:		Employer Phone:	

Parent's Marital Status: Married Separated Divorced No (Please circle)			
The student lives with:		If divorced, please indicate who has legal custody of the student:	
Who will be responsible for payment?			
Is your family a permanent resident of Panama?		Yes	No
		If no, how long is your expected stay in Panama?	

Sibling Information		
Do you have any other children: Applying Enrolled Alumni No (Please circle)		
Please list any siblings below:		
Name	Age:	Current School and Grade Level:
Name	Age:	Current School and Grade Level:
Name	Age:	Current School and Grade Level:

Local Emergency Contacts (Other than Guardians listed above)

Name:		
Relationship to Student:	Primary phone:	Secondary phone:
Name:		
Relationship to Student:	Primary phone:	Secondary phone:

Student Information Part II

Has your child ever or does your child currently have any social, psychological or behavioral needs? Yes No
If yes, please provide details, types of services (to include counseling, therapy, medications), dates, and supporting documentation (to include evaluations, test results and diagnosis):
Has your child ever or does your child currently have any medical needs? (to include mobility, allergies, health issues, medications, hearing/visual impairments) Yes No
If yes, please provide details, types of services, medications, dates, and supporting documentation:
Has your child ever or does your child currently receive speech, occupational, or physical therapy? Yes No
If yes, please provide details, types of services, dates, and supporting documentation:
Has your child ever or is your child currently enrolled in any special education program or service? (to include academic support, gifted) Yes No
If yes, please provide details, types of services, medications, dates, and supporting documentation (to include IEP, Accommodation Plan, evaluations, test results, diagnosis):
Does your child have any special dietary needs? Yes No
If yes, please provide details:
PK Only: Does your child use the bathroom independently? Yes No
If there are any other needs we should be aware of, please specify below:

Consent

I certify that the information on this application is correct. I acknowledge that if any information is missing, misleading, or incorrect, Balboa Academy has the right to rescind your child's application or enrollment into Balboa Academy. I further acknowledge that the Admissions Committee reserves the right to make final decisions on acceptance or denial for an applicant throughout the application process. Considerations in these decisions are confidential and cannot be released to parents or third parties.	
Signature of Guardian:	Date: